## Medicare Prescription Drug Plan (Part D) and the State of Iowa Retiree Group

- State of Iowa (SOI) plans are as good or better than Part D benefits, therefore the SOI plans are considered creditable coverage.
- No penalty for enrolling in a Part D plan later, as long as continuously covered on one of the SOI plans.
- Coordination between <u>some</u> SOI plans and <u>one</u> Part D plan on a <u>voluntary</u> basis. Only available for those enrolled in:
  - Program 3 Plus (not Deductible 3 Plus)
  - Iowa Select
  - IUP Select
  - Blue Access
  - Blue Advantage
- The one Part D plan is SilverScript Basic:
  - Current cost \$22.60 per month.
  - Contact SilverScript to enroll at 1-866-808-7475.
  - Monthly Wellmark premium will be reduced.
- Will remain on SOI Plan benefits NOT move to SilverScript benefits.
- SilverScript will be the primary payer on claims and the SOI plan will be secondary.
- Will receive a SilverScript ID card and a new Wellmark ID card.
  - Must show both at the pharmacy for claim to be filed correctly.



## Medicare Prescription Drug Plan (Part D) and the State of Iowa Retiree Group

These charts show the way in which coordinated drug coverage through SilverScript Basic works for a single Medicare eligible retired member in each of the eligible health plans.

Medicare (SilverScript) is the primary payer on drug claims and the Wellmark plan is secondary. Claims need to be filed under both payers in this manner at the point of purchase.

## For further information contact:

SilverScript Enrollment 1-866-808-7475 SilverScript Customer Care 1-800-678-1853 Wellmark Customer Service 1-800-622-0043

Program 3 Plus and Iowa Select					
DRUG COST	MEMBER PAYS COPAY	STATE OF IOWA PAYS	SILVERSCRIPT PAYS		
\$0 - \$250	\$5/\$15/\$30 copay	100% of cost over member copay	0%		
\$251-\$265	0%	100%	0%		
\$266 - \$2,250	0%	25%	75%		
\$2,251 - \$5,100	0%	100%	0%		
Over \$5,100	0%	5%	95%		

Blue Advantage and Blue Access					
DRUG COST	MEMBER PAYS	STATE OF IOWA	SILVERSCRIPT		
	COPAY	PAYS	PAYS		
\$0 - \$265	\$5/\$15/\$30 or 25%,	100% of cost over	0%		
	whichever is greater	member copay			
\$266 - \$2,250	\$5/\$15/\$30 or 25%,	25% of cost over	75%		
	whichever is greater	member copay			
\$2,251 - \$5,100	\$5/\$15/\$30 or 25%,	100% of cost over	0%		
	whichever is greater	member copay			
Over \$5,100	\$5/\$15/\$30 or 25%,	5% of cost over	95%		
	whichever is greater	member copay			

IUP Select					
DRUG COST	MEMBER PAYS COPAY	STATE OF IOWA PAYS	SILVERSCRIPT PAYS		
\$0 - \$250	20% of Maximum	100% of cost over	0%		
	Allowable Fee	member coinsurance			
\$251 - \$265	0%	100% of cost over	0%		
		member coinsurance			
\$266 - \$2,250	0%	25%	75%		
\$2,251 - \$5,100	0%	100%	0%		
Over \$5,100	0%	5%	95%		